ATHLETIC/ACTIVITY PARTICIPATION FORM NASH COUNTY RECREATION & SENIOR SERVICES

Sport/Activity:		Date of Birth: _	Shirt Size	YS	YM		YL
Name of Participant:				AS	AIVI	AL	AXL
Address of Participant:							
City/Town	State	Zip Code	Email Address				
Age: Gender: M	F I	Ias Individual Pa	articipated in Above Sport/Acti	vity?	Yes _	1	Vо
Parent/Guardian:							
Parent/Guardian:		Phone: Primary_	Secondary				
School Attending:			School Gra	de:			58
* If your child requires any	special accor	mmodations, pleas	se contact our main office at (252) 462	2628.		
accident or injury. I understand that any that he/she is responsible for it. When he/understand fully that the Recreation Deposuch as cursing and/or yelling at officials child. PHOTO RELEASE STATEMENT Pictures or video clips will be taken while (252) 462-2628 if you have questions or constant the property of the state of the st	she stops particartment will no coaches, staff e participating concerns regard	cipating in said eve t tolerate unsportsn etc., will result in s in Nash County Pa ding this statement.	nt, I will see that he/she returns any nanlike behavior of any kind. I agree uspension from the Department's ac rks & Recreation programs. Contact	and all that ar tivities our ma	equipn ny such for me ain offi	ment abeh and	t. I also navior, l/or my
100% refund/credit/transfer if Departmen the same calendar year. NO REFUND if i							ed.
Signed			Date				
•	on & Senio DROPPE ash County F 120 W Wa	D OFF OR MA	ion Department , Suite 3040	162-2	628		
Coa	ching Volur	iteer: Yes	No				-28
Payment Method:		OFFICE USE ON Amount:	NLY Receipt Number:				